

U.S. DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
ROOSEVELT-VANDERBILT NATIONAL HISTORIC SITE



APPLICATION FOR  
COMMERCIAL USE AUTHORIZATION

*PLEASE TYPE OR PRINT IN BLUE OR BLACK INK. ANSWER ALL QUESTIONS AND ATTACH ANY ADDITIONAL INFORMATION NECESSARY.*

APPLICANT'S (OWNER'S) NAME: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

OFFICIAL BUSINESS NAME(S): \_\_\_\_\_  
(Authorized under which permit is to be issued)

TAX ID NUMBER\*: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PRIMARY TELEPHONE #: \_\_\_\_\_

ALTERNATE TELEPHONE #: \_\_\_\_\_

FAX#: \_\_\_\_\_

AS AN APPLICANT, ARE YOU A(N): (Mark one box)

☐ INDIVIDUAL

☐ CORPORATION

☐ PARTNERSHIP/ASSOCIATION

☐ GOVERNMENT/STATE AGENCY

☐ NON PROFIT ORGANIZATION – 501 (C) (3)

☐ WILL TAXABLE INCOME BE DERIVED FROM THIS SERVICE? ☐ YES ☐ NO

☐ WILL SERVICE INCLUDE PRODUCT OR MERCHANDISE SALES? ☐ YES\* ☐ NO

\*IF YES, PLEASE SPECIFY \_\_\_\_\_

☐ OTHER \_\_\_\_\_

DESCRIPTION OF VISITOR SERVICE TO BE PROVIDED:

\_\_\_\_\_  
\_\_\_\_\_

**IN-PARK OPERATING DATES & TIMES:**

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**ESTIMATED ANNUAL GROSS INCOME FROM THIS SERVICE:**

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\*This question is a requirement of the 1996 Debt Collection Act; this information will NOT be made public and will be kept secure.

**LIABILITY INSURANCE**

As a condition of this authorization, you are required to carry liability insurance to provide protection for the visitors you serve within National Park Service areas. Please contact the Special Park Use Coordinator to determine what coverage amount (per occurrence) is necessary for your use. The insurance policy must also contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States. If this is not possible, the United States of America must be named on the policy as an additional insured. Additionally, the policy must not be subject to aggregate limits that would reduce the actual amount stated on the policy/certificate of insurance. **PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE WITH ORIGINAL ENDORSEMENT.**

**WILL YOU BE USING ANY TYPE OF VEHICLE WITHIN PARK BOUNDARIES DURING YOUR OPERATION? IF SO, PLEASE COMPLETE THE FOLLOWING CHART:**

VEHICLE TYPE	MAX PASSENGER CAPACITY	VEHICLE LICENSE#

PLEASE REMIT \$50.00 CHECK OR MONEY ORDER WITH YOUR APPLICATION. THIS FEE IS NON-REFUNDABLE.

PLEASE MAKE REMITTANCE PAYABLE TO: **NATIONAL PARK SERVICE**

PLEASE MAIL PAYMENT TO:

**Roosevelt-Vanderbilt NHS  
4097 Albany Post Road  
Hyde Park, NY 12538**

FOR QUESTIONS CALL: **KEVIN R THOMAS (845) 486-1966, (845) 229-0739 (fax)**

False, fictitious or fraudulent statements or representations made in this application may be grounds for revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this application.

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

KT 5/18/2010